GREEN SHEET REDIGEST

HB 199 2019 Regular Session Horton

MEDICAID: Establishes the TEFRA option within the La. Medicaid program to serve children with disabilities.

DIGEST

<u>Proposed law</u> indicates that its purpose is to provide for the TEFRA option within the Medicaid program of this state through which children with disabilities can access Medicaid-funded services regardless of their parents' income.

<u>Proposed law</u> defines "TEFRA option" as the program authorized under section 134 of the Tax Equity and Fiscal Responsibility Act of 1982, and provided for more specifically in <u>proposed law</u>, which furnishes Medicaid benefits to children with disabilities who are otherwise ineligible for such benefits because the income of their household exceeds state-established limits for Medicaid eligibility.

<u>Proposed law</u> requires the La. Department of Health (LDH) to begin a TEFRA option program, subject to approval by the Centers for Medicare and Medicaid Services, on or before June 1, 2020.

<u>Proposed law</u> stipulates that the TEFRA option shall offer coverage exclusively through the Medicaid fee-for-service system unless LDH determines that offering TEFRA option coverage to persons enrolled in the Medicaid managed care program would be more cost-effective.

<u>Proposed law</u> provides that in order to be eligible for the TEFRA option, a child shall meet all of the following criteria:

- (1) He is a La. resident and U.S. citizen.
- (2) He is under the age of 19.
- (3) He has a disability that is recognized under the definition of disability utilized in the Supplemental Security Income program of the Social Security Administration, regardless of whether he is eligible to receive benefits under that program.
- (4) He is ineligible for Medicaid coverage when the income of his parents is considered.
- (5) Excluding the assets of his parents, he does not have total assets exceeding \$2,000 in value.
- (6) Due to his disability, he requires a level of care provided in a hospital, skilled nursing facility, or intermediate care facility; however, care provided outside of such an institution may be appropriate.
- (7) The cost of his care provided at his home is less than the cost of institutional care.

<u>Proposed law</u> requires that the TEFRA option provide to eligible children coverage for all Medicaid state plan services.

<u>Proposed law</u> requires that to the maximum extent practicable, as determined by the secretary of LDH, the department shall include TEFRA option beneficiaries in its health insurance premium payment program as a means of maximizing private health insurance coverage of Medicaid enrollees.

Effective August 1, 2019.

(Adds R.S. 46:977.21-977.25)

Summary of Amendments Adopted by House

The Committee Amendments Proposed by <u>House Committee on Health and Welfare</u> to the original bill:

1. Delete all provisions for implementing the TEFRA option through a Medicaid demonstration waiver and add in lieu thereof provisions for implementing the TEFRA option through a Medicaid state plan amendment.

The House Floor Amendments to the engrossed bill:

- 1. Stipulate that the TEFRA option shall offer coverage exclusively through the Medicaid fee-for-service system unless the La. Department of Health (LDH) determines that offering TEFRA option coverage to persons enrolled in the Medicaid managed care program would be more cost-effective.
- 2. Require that to the maximum extent practicable, as determined by the secretary of LDH, the department shall include TEFRA option beneficiaries in its health insurance premium payment program as a means of maximizing private health insurance coverage of Medicaid enrollees.
- 3. Make technical changes.

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Health and Welfare to the reengrossed bill

- 1. Removes requirement that the secretary of LDH submit a state plan amendment to implement the TEFRA option program by January 1, 2020.
- 2. Requires the department to submit a request for approval of the TEFRA option program to the Centers for Medicare and Medicaid Services on or before June 1, 2020.